

Solutions to Oppositional Defiant Disorder

by Marilyn Adams, LMFT



“I hate you, and I am too going to wear my red dress! You promised me yesterday, and if I can’t wear it today, I’m not getting ready for school!”

Molly had been arguing about the dress for the past 45 minutes. It was 8:05, mom was running late, and the dress was filthy. That overwhelming exhausted feeling enveloped mom and, once again, she caved. *“Go ahead and wear it!”* she screamed.

If your child has been diagnosed with oppositional defiant disorder (ODD), this scenario may sound much too familiar. According to the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition, oppositional defiant disorder can cause clinical impairment in social, academic or occupational functioning, and is characterized by a recurrent pattern of negativistic, defiant, disobedient and hostile behavior toward authority figures, which persists for a period of at least six months.

Since children pass through many developmental stages as they mature, it is important to understand the differences between normal childhood attempts to defy authority and symptoms of full-blown oppositional defiant disorder. Nine-year-old Molly appears driven to defeat adults and is relentless in her pursuit of proving them wrong, stupid or both. Her thoughts revolve around defeating anyone’s attempt to exercise authority over her. She typically turns every interaction with adults into a win/lose situation and is vigorously intent on winning.

Oppositional defiant children share many of the following characteristics:

- They possess a strong need for control and will do just about anything to gain power.
- They typically deny responsibility for their misbehavior and have little insight into how they impact others.
- The child with ODD is socially exploitive and very quick to notice how others respond, and he then uses

these responses to his advantage in family or social environments, or both.

■ These children tolerate a great deal of negativity—in fact, they seem to thrive on large amounts of conflict, anger and negativity from others, and are frequently the winners in escalating battles of negativity (Keim, James, 1994).

Besides oppositional defiant disorder, children like Molly may also have another psychiatric disorder. ODD is frequently a co-morbid condition with Attention-Deficit/Hyperactivity Disorder (AD/HD). It can also be diagnosed along with Tourette Syndrome, obsessive-compulsive disorder (OCD), anxiety and mood disorders, Asperger’s, language-processing impairments, sensory integration deficits, or even nonverbal learning disabilities. What causes this troubling behavior? Some researchers believe that many of the symptoms of these disorders may share common neurobiological mechanisms. If your child is affected by one of these disorders, it is critical to keep in mind that ODD can create additional problems for you and your child.

Many authorities on parenting have indicated that oppositional behavior is more prevalent when structure in the home is out of balance—when there is either too much structure or not enough. In an overly structured environment, the parenting is rigid and inflexible. These parents “micromanage” and come down hard on their children, controlling every aspect of their lives. This particular style of parenting only serves to create more opposition and defiance. On the

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other hand, structure that is too loose can also cause difficulties. Children can exhibit oppositional defiant behavior when parents do not provide enough structure by setting appropriate boundaries, or establishing and following through with consequences for misbehavior. These parents usually give in to all of their child's demands, either out of fear of the child or in an effort to keep themselves in the child's good graces. In order to prevent or reduce oppositional defiant behavior, parents should strive for a firm and loving parenting style where the structure is balanced. Parents must take charge and place themselves at the top of the family hierarchy. They must use their authority as parents and, at the same time, make the child feel protected, loved and soothed.

How well the parents get along, whether married or divorced, is another factor to consider in preventing oppositional behavior. When couples are unhappy or oppositional themselves, they frequently disagree on parenting issues, significantly limiting their success in changing the behavior of their child. Molly is an expert at dividing her parents' authority and will most certainly take advantage of exploiting rifts

between them. Couples counseling may be needed to decrease the hostility and conflict between parents and set the stage for united, successful parenting.

Another factor to consider is how the family is affected by ODD. This can be one of the most stressful conditions a family faces and when it is secondary to another neuropsychiatric disorder, that stress is compounded. Family counseling may be helpful to resolve family difficulties. The family therapist can provide a controlled environment, which offers support and skills training to weary parents.

Once marital and family issues are addressed, parents can begin to train both themselves and their child. If Molly's mother continues to respond to her quarrelsome behavior as she always has, Molly will continue to tune her out, escalate the arguments, and push mom's buttons.

Most adults engage in an argument with concern for the outcome. The adult's goal in an argument is to come to a resolution. In other words, what transpires as a result of the conflict is most important. As a parent, if you have determined the outcome of the argument, you are the one in control.

For the oppositional child, the process of creating an argument is more meaningful to her than the outcome of the conflict. These arguments over insignificant issues may seem pointless. However, with such a strong need for control, it is the goal of your child with ODD to escalate the conflict until you are no longer the one in control. What is important to her is not the issue being argued over, as much as what is going to happen during the argument. In order to control the process of the argument, the child with oppositional defiance attempts to determine the topic and direction of the conflict and seems to instinctively know when you are feeling most vulnerable and when your energy is low. She will bring up conflict-laden issues during these times, aimed towards pushing your buttons and diverting you from issues in which you are likely to be attempting to exert your authority over her.

When your child with ODD finally pushes your buttons, in her mind, she has gained control of you and your emotions. At this point, she has now successfully taken over your position of authority. Furthermore, when you lose control of your emotions, your child's anxiety level rises along with her defensiveness. When her defenses increase, she becomes more oppositional, which is her

main defense mechanism. As she becomes more oppositional, the situation escalates and we are caught in an endless cycle of conflict.

Strategies for avoiding conflict are essential to de-escalate the situation. It is wise to change the subject if your energy is low, or you suspect that the topic of discussion will result in an argument. Walking away from the conflict is another strategy to consider. If you cannot change the subject or walk away, it is important to keep in mind that the child with ODD's goal is to push your buttons. Think about your endurance. How long can you really endure oppositional button pushing? When you get to the end of your rope, what are your options? It is critical not to take what your child says personally. As soon as you defend yourself, your child, by the rules governing arguments, has the right to defend himself against your attack. In turn, you get to defend yourself, and he has now pushed your buttons and gained power. You do not have to defend yourself or try to convince him you are right. Do not lower yourself to the level of your child with ODD.

There are two options available for preventing him from drawing you in. Tell him, in an unruffled, rational manner, that he has two choices. If he wants to stay around, he can change the subject and stop complaining; or he can go somewhere else in the house to complain if he chooses. Should your child choose to escalate, it is time to use two powerful words, which can cut through any argument. These words are "regardless" and "nevertheless." For example, "nevertheless, this is how it is going to be..." Using these words repetitively (like a broken record), in a calm unemotional manner will serve to de-escalate the situation without allowing your child to draw you into the power struggle.

Utilizing effective consequences for the child with ODD can be difficult since this presents one more opportunity for conflict in which you are likely to lose power. Discussing consequences while you are in the midst of their negative behavior will most likely result in more frustration for you. Therefore, it is critical to focus on consequences that do not require cooperation of the child. Rules and consequences must be clear and in writing to provide clarity for both child and parent before the conflict occurs. Begin by removing reinforcers and allowing your child to earn the items back as a reward for acceptable behavior. Reinforcers include items such as television, stereos, CD's, computers, video games, telephones, bicycles, skateboards, visiting friends, access to favorite clothing and favorite foods.

Once you have successfully avoided having your buttons pushed and gained some control over your child's behavior, it is time to go on the offensive to soothe her and help her get back to an even place. This again places her into the role of being a child and puts you into the role of the parent. One of the driving forces behind ODD is that, for whatever reasons, a *child is trying to grow up too quickly* and considers herself to be equal to her parents. The child with ODD may feel less loved due to the amount of conflict going on, and it is difficult to simultaneously feel loved as a child and to try and operate on an adult level. Your child may know intellectually that she is loved, but not feel loved. Parents must be able to show love, and soothe and nurture their children. This is not always easy to accomplish, especially when previous negative behavior patterns have become ingrained.

Children look to their parents for a sense of security, belonging and identity. As our society becomes more complex, the need for our children to develop a clear set of values is critical. Current research also has

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Oppositional Defiant Disorder

indicated that boys with AD/HD and increased oppositional behavior are at greater risk for later antisocial behavior. With this in mind, the need for structure becomes particularly relevant in today's world. It is apparent that children affected by a variety of neuropsychiatric disorders are at greater risk for oppositional behavior. Since this behavior will create additional difficulties for them as they pass through the various developmental stages, it becomes even more important to use the authority vested in us as parents to establish consistent limits and consequences, and to distinguish boundaries within the family. This will form a family unit characterized by established guidelines, affording children a secure backdrop in which they can grow and thrive. ■

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Her passion for working with this population was ignited when her own son was diagnosed with AD/HD and Tourette Syndrome in 1985. Marilyn has published various articles on AD/HD and is currently working on *The Emotional, Social and Cognitive Dimensions of Tourette Syndrome*.

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